

CHARGE OF DISCRIMINATION		Charge Presented To: Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Ohio Civil Rights Commission		532-2014-01635	
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
Dr. Harold C. Mason		(216) 338-0136	09-12-1972
Street Address		City, State and ZIP Code	
2621 North Moreland Blvd., #203, Cleveland, OH 44120			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Include Area Code)
UNIVERSITY HOSPITALS HEALTH SYSTEM		500 or More	(216) 844-3820
Street Address		City, State and ZIP Code	
11100 Euclid Ave, Cleveland, OH 44106			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		Earliest Latest 05-14-2014 05-14-2014 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I interviewed for an Urgent Care Fellow position with the above named Respondent on April 30, 2014. On May 1, 2014, I was informed by Natasha Ria Cruz, M.D., Program Director, that I had been selected for the position. She further stated that training would commence on August 1, 2014. On May 14, 2014, I received a letter from Michael Nochomovitz, M.D, President and Chief Medical Officer, stating that upon further review of my application and the Fellowship participation criteria, Respondent had decided to pursue other candidates for this position.</p> <p>I believe I was discriminated against because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII), because my age, 41, in violation of the Age Discrimination in Employment Act of 1967, as amended (ADEA), and because of my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended (ADAAA).</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. <div style="text-align: center;"> EEOC CLEARING UNIT JUN 20 2014 </div> <div style="display: flex; justify-content: space-between;"> Date Charging Party Signature </div> <div style="text-align: center; margin-top: 10px;"> RECEIVED </div>	NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <i>Dr. Harold C. Mason</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <i>Deborah J. Smith 6/20/2014</i>
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